

SEED/ Youthreach

Parental Consent Form

I, _____, being the parent/guardian of _____,
(Parent/guardian name please print) *(Son/daughter's name please print)*
do hereby consent for him/her to participate in the SEED/Youthreach Program. I understand that I will be kept informed of the progress of my child and can request updates. I further understand that information concerning my child's participation and progress may be released to the agency that made the initial referral to the SEED/Youthreach program.

Parent/ guardian signature

Date (mm/dd/year)

Witness signature

Date (mm/dd/year)

The information that is collected by this agency will only be released to the Youth, Parent or Guardian of the Youth, or to a counsellor that is directly involved with the provisions of service. Consent to Release information will be used should any other exchange of information be deemed necessary